



AUG. 9, 2004 3:42PM SIEMENS

NO. 471 P.2/4

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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24500 7390 05/26/2004

SIEMENS CORPORATION
INTELLECTUAL PROPERTY LAW DEPARTMENT
170 WOOD AVENUE SOUTH
ISELIN, NJ 08830

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Debbie Collins (Depositor's name)
Debbie Collins (Signature)
9th August 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/964,875	09/27/2001	Harald Lichtinger	60,426-302	2099

TITLE OF INVENTION: SEATBELT FORCE SENSOR ASSEMBLY WITH GUIDE MEMBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/26/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
ROSENBERG, LAURA B		3616	280-802000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens VDO Automotive Corporation

Auburn Hills, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent):

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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09/27/04

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01 FC:1501

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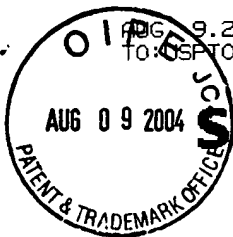
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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 2/4 * RCVD AT 8/9/2004 3:32:40 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/0 * DNS:7464000 * CSID:1 248 209 4050 * DURATION (mm-ss):02-00



09/09/2004 3:41PM SIEMENS
TO: USPTO ISSUE FEE

NO. 471 P. 1/4

SIEMENS

Siemens Corporation
Facsimile Message

Date: 9th August 2004
No. Pgs.: 4 (including this cover sheet)

To: **ISSUE FEE Department** Fax: **+1-703-746-4000**
cc: **IPDAdmin**
From: **Laura Slenzak** Fax: **+1-248-209-7335**
Intellectual Property Counsel Phone: **+1-248-209-5698**
2400 Executive Hills Boulevard Email: **laura.slenzak@siemens.com**
Auburn Hills MI 48326-2980
Subject: **Transmittal of Issue Fee via Fax Pursuant to Instructions Found at**
<<http://www.uspto.gov/web/offices/dapp/opla/preognotice/feefacsimile.html>>

Attached hereto are:

- ✓ Issue Fee Transmittal Form PTOL-85 (in duplicate)
- ✓ Fee Transmittal Form PTO/SB/17

for Application No.: 09/964,875
Filing Date: 27th September 2001
First Named Inventor: Harald Lichtinger
Examiner Name: Laura B. Rosenberg
Group Art Unit: 3616
Attorney Dockey No.: 2000P07962US01

CERTIFICATE OF TRANSMITTAL VIA FACSIMILE

I certify that this paper and its identified attachments were faxed to the United States Patent and Trademark Office to the fax machine phone number identified above on the date identified above.

By: Debbie Collins (signature)
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FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/964,875
TOTAL AMOUNT OF PAYMENT (\$) 1630		Filing Date	27th September 2001
		First Named Inventor	Harald Lichtinger
		Examiner Name	Laura B. Rosenberg
		Art Unit	3616
		Attorney Docket No.	2000P07962US01

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 19-2179 Deposit Account Name: Siemens Corporation		Large Entity Small Entity																													
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																															
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 740</td><td>2001 370</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 330</td><td>2002 165</td><td>Design filing fee</td><td></td></tr><tr><td>1003 510</td><td>2003 255</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 740</td><td>2004 370</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1001 740	2001 370	Utility filing fee		1002 330	2002 165	Design filing fee		1003 510	2003 255	Plant filing fee		1004 740	2004 370	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1)			(\$)		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																															
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		SUBTOTAL (3) (\$) 1630																													

SUBMITTED BY		Registration No. 35,363		Telephone +1-248-209-5698	
Name (Print/Type) Laura M. Slenski		Date 9th August 2004			
Signature					

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